

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

4-13-10 to 6-30-10
MILWAUKEE COUNTY
ELECTION COMMISSION
2010 JUL 21 PM 2:26
RECEIVED
OFFICE USE ONLY

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF WILLIE COBY MICHELLE BARNES TREASURER
Street Address: 2346 N. RICHARDS STREET
City, State and Zip Code: MILWAUKEE, WI 53212

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☒ Pre-Election ☐ Spring ☐ Fall ☒ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special
☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ <u>0</u>	\$ <u>3190.50</u>	\$ <u>-</u>	\$ <u>3190.50</u>
1B. Contributions from Committees (Transfers-In)	\$ <u>-NA-</u>	\$ <u>-NA-</u>	\$ <u>-</u>	\$ <u>-</u>
1C. Other Income and Commercial Loans	\$ <u>-NA-</u>	\$ <u>-NA-</u>	\$ <u>-</u>	\$ <u>-</u>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <u>0</u>	\$ <u>3190.50</u>	\$ <u>-</u>	\$ <u>3190.50</u>
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ <u>897.46</u>	\$ <u>2806.87</u>	\$ <u>897.46</u>	\$ <u>2806.87</u>
2B. Contributions to Committees (Transfers-Out)	\$ <u>-NA-</u>	\$ <u>-NA-</u>	\$ <u>-</u>	\$ <u>-</u>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <u>897.46</u>	\$ <u>2806.87</u>	\$ <u>897.46</u>	\$ <u>2806.87</u>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>1281.09</u>	\$ <u>1281.09</u>
Total Receipts	\$ <u>0</u>	\$ <u>-</u>
Subtotal	\$ <u>1281.09</u>	\$ <u>1281.09</u>
Total Disbursements	\$ <u>897.46</u>	\$ <u>897.46</u>
CASH BALANCE END OF REPORT	\$ <u>383.63</u>	\$ <u>383.63</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <u>-NA-</u>	\$ <u>-</u>
LOANS (Balance at the Close of This Period-3B)	\$ <u>-NA-</u>	\$ <u>-</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type: Print Name of Candidate or Treasurer: MICHELLE BARNES Signature of Candidate or Treasurer: Michelle Barnes Date: 7-20-2010
Daytime Phone: (414) 217-7551

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 1 of 1

Complete Committee Name

FRIENDS OF MILLIE COBY, MICHELLE BARNES, TREAS.

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
5/20/2010	BOLDER GRAPHICS INC. 7600 W. DEAN RD. MILWAUKEE, WI 53223 Check if: <input type="checkbox"/> In-Kind Offset	POSTERS/CARDS	70.11	
5/18/2010	US CELLULAR 740 N. WATER ST MILWAUKEE WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	CELL PHONE 5/14 Paid	62.92	
6/28/2010	US CELLULAR 740 N. WATER ST MILWAUKEE WI 53212 Check if: <input type="checkbox"/> In-Kind Offset	CELL PHONE 6/25/ Paid	62.92	
6/17/2010	BOLDER GRAPHICS INC 6000 W. DEAN RD MILWAUKEE, WI 53223 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN LITERATURE	158.40	
5/14/2010	M&I BANK-ANALYSIS FEES 770 N. WATER ST MILWAUKEE, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	MONTHLY BANK ANALYSIS FEE	*6.00	
5/19/2010 5-19-2010	WEBER PRINTING 3048 N. 34TH ST MILWAUKEE, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	WRITE IN STICKERS	258.72	
6/28/2010	DEMOCRATIC PARTY OF WI. 110 KING ST SUITE 203 MADISON WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	GON CALLS DATA SALES	278.39	
1 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 891.46 897.46

TOTAL ITEMIZED EXPENDITURES

\$ 891.46 897.46

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ * 6.00 -

TOTAL EXPENDITURES

\$ 897.46 897.46

* SAME Expenditure